

# Great Start Compensation Support Payment Program: Legal Nonlicensed One-Time Payment Application

The Great Start Compensation Support Payment Program was signed into law in May 2023, creating a new program designed to support the child care industry and early childhood educators. The Great Start Compensation Support Payment Program provides one-time payments of \$500 to legal nonlicensed providers newly registered with the Child Care Assistance Program to cover costs starting in October 2023. These payments are called Legal Nonlicensed One-Time Payments, more details can be found on the Legal Nonlicensed One-Time Payment webpage (<https://mn.gov/dhs/partners-and-providers/grants-rfps/great-start-grants/lnl-providers-program/>).

Applicants are required to answer all questions contained in this application. Be sure to carefully read all information and review the details contained in the attestation prior to submitting your application.

## **Assistance in completing this application**

For assistance completing this application, please contact Child Care Aware of Minnesota at 651-290-9704 or by email at [supportfunds@childcareawaremn.org](mailto:supportfunds@childcareawaremn.org). Please see the Legal Nonlicensed One-Time Payments webpage for additional eligibility requirements and other information.

- Si necesita ayuda para comprender esta carta, comuníquese con Rocio Sosa, [rsosa@thinksmall.org](mailto:rsosa@thinksmall.org), 651-641-6660
- Hadaad ubaahantahay caawimaad fahanka warqadan, fadlan la xiriir Abdulkadir Warsame, [awarsame@thinksmall.org](mailto:awarsame@thinksmall.org), 651-641-6673
- Yog tias koj xav tau kev pab nkag siab tsab ntawv no, thov hu rau Ka Youa Vang, [kvang@thinksmall.org](mailto:kvang@thinksmall.org), 651-366-6792

## **Completing this Application**

Because you are registered as a provider under the Child Care Assistance Program, this paper application is made available to you to apply for a Legal Nonlicensed One-Time Payment under the Great Start Compensation Support Payment Program. This application includes an attestation on pages 5 - 6. The application and attestation must be signed and mailed to Child Care Aware of Minnesota:

Child Care Aware of Minnesota  
10 River Park Plaza, Suite 820  
Saint Paul, MN 55107

You will need either your Federal Employer Information Number (FEIN) or the Social Security Number (SSN) to complete this application.

**NOTE:** All questions are required. Please be sure to answer all questions to ensure your application can be processed.

**Applicant Program Information**

1. What is your Child Care Assistance Program (CCAP) Provider ID number? \_\_\_\_\_

*References in this application to “your program” is the person/program associated with the provider ID number in question #1.*

2. Full legal name of registered provider:

\_\_\_\_\_

3. Registered provider’s physical location address:

\_\_\_\_\_

4. Registered provider’s physical location city:

\_\_\_\_\_

5. Registered provider’s physical location zip code:

\_\_\_\_\_

6. Registered provider’s physical location county:

\_\_\_\_\_

7. Email address of program license holder (If you fail to provide or do not have an email address, you will not receive an email confirming your completed application. However, your responses will still be recorded):

\_\_\_\_\_

8. Phone number of program license holder:

\_\_\_\_\_

**Application Questions**

9. Which of the following best describes you? (One or more categories may be selected)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Prefer not to answer

**Agreement to accept payment and funding requirements**

As a condition of receiving a Great Start Compensation Support Payment Program: Legal Nonlicensed One-Time Payment, you must indicate that you are aware of and have complied with the requirements that you (1) completed your Child Care Assistance Program (CCAP) provider registration with a local CCAP administrator in Minnesota, and (2) that your CCAP provider registration is currently active.

Once your application has been received and it is determined your program is eligible to receive funds, you will receive notification of funding and your payment will be sent.

If there is indication that you have failed to meet requirements associated with the Legal Nonlicensed One-time Payment, you will receive written notice and be provided an opportunity to clarify and/or correct any non-compliance. Failure to make the required corrections, or providing false or misleading information to the Minnesota Department of Human Services (DHS) with regard to the funding requirements, may result in discontinuation of future installment payments, recovery of installment payments already made, and/or referral to the DHS Office of Inspector General for additional action related to the funds, status as a Child Care Assistance Program provider, and your license, certification, or registration under Minnesota Statutes, chapters 119B, 245A, 245E, 245H, and Minnesota Statutes, section 245.095.

**10. Do you accept this payment of the Legal Nonlicensed One-Time Payment for the purposes provided and do you agree that you have met the funding requirements?**

- ☐ Yes
- ☐ No

**Intended use of funds**

**11. Legal Nonlicensed One-Time Payment funds may only be used for the following purposes. Which purpose(s) do you plan to use these funds for? (check all that apply)**

- ☐ purchasing or updating equipment, supplies, goods, or services
- ☐ purchasing training or other professional development.

**Collection of tax information**

In order to process and create your payment you must provide either the Federal Employer Identification Number (FEIN) for the business name associated with the Child Care Assistance Program (CCAP) provider ID of this applicant OR the Social Security Number of the CCAP Provider ID with the associated legal first and last name. This information will be used to issue a Form 1099 for tax purposes at the end of 2023.

**12. Do you have a Federal Employer Identification Number?**

- ☐ Yes
- ☐ No (If no, skip to question 16)

Federal Employer Identification Number information

13. **Enter the Business Name for your CCAP Provider ID as it appears on your W-9 form or other federal tax documents:**
- 
14. **Enter the Federal Employer Identification Number (FEIN) for the Business Name associated with your CCAP Provider ID. The Federal Employer Identification Number (FEIN) must match the business name in the question above. FEIN must be in the format XX-XXXXXXX or XXXXXXXXX.**
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Social Security Number information

Only answer questions 15 to 17 if you answered "no" on question 12.

15. **Enter your legal FIRST name.**
- 
16. **Enter your legal LAST name.**
- 
17. **Enter your Social Security Number. Your Social Security Number must match the first and last names entered above. Your Social Security Number must be in the format XXX-XX-XXXX or XXXXXXXXX:**
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**Attestation**

To be eligible to apply for and receive the Great Start Compensation Support Payment Program: Legal Nonlicensed One-Time Payment, you, hereafter referred to as "I", attest and agree to the following:

- I am currently registered as a child care provider with a local administrator of the Child Care Assistance Program in the state of Minnesota.
- I agree to use these funds for one or more of the following purposes:
  - purchasing or updating equipment, supplies, goods, or services; and/or
  - purchasing training or other professional development.
- I agree to:
  - When open and providing services, implement policies in line with guidance and orders from corresponding state, tribal, and local authorities and, to the greatest extent possible, guidance from the Centers for Disease Control and Prevention (CDC) (available at <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>).
- I agree **NOT** to:

- use these funds for items that have already been paid for by other federal, state, tribal and/or local public funding.

### **Data Sharing**

I understand that by signing this agreement, I am allowing Minnesota Department of Human Services to share information with contracted agencies and other state agency partners for the following purposes, to:

- Administer the funding application process.
- Analyze data on use of funds.
- Analyze the effectiveness of the process of administering the Great Start Compensation Support Payment Program.
- Assess provider compliance with program requirements and investigate potential non-compliance.
- Develop policy initiatives to support the child care industry.

I understand that the information I submit for this application is considered public, unless it could potentially identify children I care for or if it is considered private data on an individual, such as a phone number, email address, social security number, or other data classified as private under the Minnesota Government Data Practices Act.

### **Payment Distribution**

Upon confirmation of your eligibility, a payment of \$500 will be sent to you at the mailing address on file for you with your local Child Care Assistance Program administrator.

### **Signature**

By signing my name in the "Enter signature" field, I understand that I am signing this form. In addition, I attest and certify that I have verified that the information provided above is true and accurate. I understand that if I knowingly submit false or fraudulent information during the application process or thereafter, including in this attestation, my program will no longer be eligible for future funds and may be subject to criminal and civil penalties, including but not limited to repayment of funds previously received. Finally, I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature ([Minnesota Statutes, sec. 325L.07 and 325L.18](#)).

Enter signature:

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Enter date signed:

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